



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 9278**

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/069,081 | FILING DATE<br>08/12/2002<br><br>RULE | CLASS<br>206 | GROUP ART UNIT<br>3728 | ATTORNEY<br>DOCKET NO.<br>DHN/322/PCT/US |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

**APPLICANTS**

David Foster, Woodstock, UNITED KINGDOM;  
 Anthony Jones, Abingdon, UNITED KINGDOM;  
 Rebecca Eveleigh, Cheltenham, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\*** *LKB*  
 This application is a 371 of PCT/EP00/07204 07/26/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *LKB*  
 UNITED KINGDOM 9917624.0 07/27/1999

**\*\* SMALL ENTITY \*\***

|  |  |  |                        |                       |                            |
|--|--|--|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>LKB</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>UNITED<br>KINGDOM | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>2 |
|--|--|--|------------------------|-----------------------|----------------------------|

**ADDRESS**  
 002543  
 ALIX YALE & RISTAS LLP  
 750 MAIN STREET  
 SUITE 1400  
 HARTFORD , CT  
 06103

**TITLE**  
 Orthopaedic bone cement mixing container

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>510 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other |
|-----------------------------------|---|--|